



A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ 2018_

Filing Period: January 1 - March 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(codd)) is subject to a penalty fee of \$25.00.

| subject to a penalty fee of \$25.00. | | | | | | |
|---|--|--------------------------------------|--|---|-------------------------|--|
| 1. Corporate II) No. 44967 | 2. Name of Corporation GAIL BALLARD I | In BALLARD MANAGEMENT, INC. (531110) | | | | |
| 3. Sireet Address Principal Business Of 123 Ocean Avenue | | | City Block Island | State CT | Ζιρ 02807 | |
| 4. Business Phone No. 401-466-8883 | | | | | | |
| 6. Brief Description of the Character of engaging in any and all action | f Business Conducted in Rhitives relating to the | ode Island rental/management ar | nd sales of real estate | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC | | | | | | |
| President Name | | | Vice President Name | | | |
| Gail Patricia Ballard Hall | | | Gail Patricia Ballard Hall | | | |
| Since Address 123 Ocean Avenue | | | Sirrer Address 123 Ocean Avenue | | | |
| েত্ৰ Block Island | State RI | շւր 02807 | City Block Island | State R1 | zıp 02807 | |
| Secretary Name Gail Patricia Ballard Hall | | | Prossurer Name Gail Patricia Ballard Hall | | | |
| Sirver Address 123 Ocean Avenue | | | Sirrer Address 123 Ocean Avenue | | | |
| Block Island | Siaic RI | շւր 02807 | Block Island | State RI | ^{Zip} 02807 | |
| 8. NAMES AND ADDRESSES | OF THE DIRECTORS | CAN BOX FOR ATT | ACHMENT) FILL IN SPAC | ES BEFORE USING AT | TACHMENTS | |
| Olirector Name Gail Patricia Ballard Hall | | | Director Name | | | |
| Siner Address | | | Sirvet Address | | | |
| 123 Ocean Avenue | | | <u>. </u> | | | |
| City: | State | Zip | City | State | Zip | |
| Block Island Director Name | RI | 02807 | Director Name | L | | |
| | | | | | | |
| Street Address | | | Street Address | | | |
| Chy | State | ZΨ | City | State | Zip | |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" HOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | |
| This information is surroutly | of record in the Offic | o of the Secretary of | Number of Shares | Class/Scrics | Par Value | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | 100 | common | \$10.00 par value | |
| | | | THIS SECTION | WIUST BE COM | | |
| This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. | | | | | | |
| | | • | | f dealess and affiles the collection | | |
| | | FEB 2 6 2018 | | I declare and affirm that I line schedules and statemen | · | |

| inis report many se executed on semini of the corpor | FILED ov | | |
|--|--------------|---|---------|
| | FEB 2 6 2018 | Under penalty of perjury, I declare and affirm that including any accompanying schedules and statem | |
| File Date | 951 | contained herein are true and correct. | 1/25/18 |
| Check No | | Signoure Vail Hall | Date |
| Bv: | | Print or Type Name | |
| FOR SIECRETARY OF STATE USE ONLY | | Title | |